

Fill in this Information to identify the case:

Debtor 1 Consolidated Orlando, Inc.
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number: 09-22042-mkn

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AND FILED
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2022 NOV -3 A 11: 20

U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

Form NVB 1340 (12/19)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$4551.74
Claimant's Name:	David B. Schmiedeberg, as assignee to Shannon Chidley
Claimant's Current Mailing Address, Telephone Number, and Email Address:	7595 Dancy Rd San Diego, CA 92126 858.603.3598 lytnin88@gmail.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation as a supplement to this application. If applicant is filing electronically, supporting documents must be filed using the correct docket event.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney District
of Nevada
501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 10/28/2022


Signature of Applicant

David B. Schmiedeberg

Printed Name of Applicant

Address: 7595 Dancy Rd
San Diego, CA 92126

Telephone: 858.603.3598

Email: lytnin88@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this ___ day of _____, 20___ by

_____ who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires:

Please attach notarization as a separate document if needed.

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this ___ day of _____, 20___ by

_____ who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires:

Please attach notarization as a separate document if needed.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

☒ See Attached Document (Notary to cross out lines 1–6 below)☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

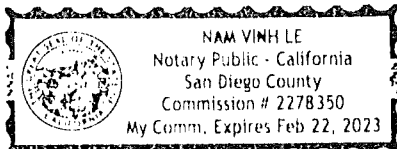
State of California

County of SAN DIEGO

Subscribed and sworn to (or affirmed) before me

on this 28 day of OCT, 2022,
by DAVID B. SCHMIEDEBERG
Date Month Year(1) DAVID B. SCHMIEDEBERG(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Place Notary Seal and/or Stamp Above

Signature _____
Signature of Notary Public**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: FORM NVR 1340 (12/19)Document Date: NO DATE Number of Pages: 1Signer(s) Other Than Named Above: NO OTHER SIGNER